PTO/SB/17 (10-08)

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Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						0/565,210-Conf. #9182		
FEE TRANSMITTAL				<u> </u>		anuary 20, 2006		
For FY 2009					ELIAS, Benjamin			
						PHAM, Emily P.		
Applicant claims small entity stat				7 tit Offic		2838		
TOTAL AMOUNT OF PAYMENT		(\$) 180.00		Attorney Docket No. 22		22409-00312-US		
METHOD OF	PAYMENT (check	all that apply)						
Check	X Credit Card	Money Order	No	ne Other (	please identify	7):		
Deposit Ac	ccount Deposit Account N	Number: 22-	0185	Deposit /	Account Name:	Connolly Bov	e Lodge	& Hutz LLP
For the	above-identified depo	sit account, the Di	rector is	hereby authorize	ed to: (chec	k all that apply)		
c	harge fee(s) indicated	l below		Charg	e fee(s) ind	icated below, e	xcept for	the filing fee
x C	harge any additional f e(s) under 37 CFR 1.	ee(s) or underpayı 16 and 1.17	ments o	f x Credit	any overpa	yments		
FEE CALCU	LATION							
1. BASIC FILIN	IG, SEARCH, AND EX	XAMINATION FEE	S					
	FII	LING FEES	SE.	ARCH FEES	EXAMIN	ATION FEES		
Application T	ype Fee (\$	Small Entity ) Fee (\$)	Fee (\$	Small Entity ) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)
Utility Utility	330	165	540	270	220	110	1000	<u>1 αια (ψ)</u>
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CL	AIM FEES							Small Entity
Fee Description							<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reissues)							52	26
Each independent claim over 3 (including Reissues)							220	110
Multiple depend							390	195
<u>Total Claims</u>	Extra Claims		F	Fee Paid (\$)		ultiple Depend		_
HP = highest num	- 38 = nber of total claims paid for	_ x =			<u>Fee</u>	<u>e (\$)</u>	Fee Paid (	<u>(\$)</u>
Indep. Claims	Extra Claims	_	Fee Paid (\$)					
	-7=	x =						
HP = highest num	nber of independent claims	paid for, if greater than	n 3.					
3. APPLICATIO								
If the specific	ation and drawings ex	ceed 100 sheets o	of paper	(excluding electr	onically file	ed sequence or	computer	-0
	der 37 CFR 1.52(e)), raction thereof. See 3				or small en	tity) for each a	dditional 3	50
Total Sheet		, , , ,		dditional 50 or frac	tion thereof	Fee (\$)	Foo	Paid (\$)
-	100 =						<u> </u>	raid (Ψ)
4. OTHER FEE				(round <b>up</b> to a wife	no nambor, .	~	Fees	s Paid (\$)
	Specification, \$130	) fee (no small ent	ity disc	ount)				(+2
_	late filing surcharge):	,	-		Disclosure	Statement	1	80.00
SUBMITTED BY								
Signature				Registration No. (Attorney/Agent)	39,410	0 Telephone (202) 331-7111		
Name (Print/Type)	Michael G. Verga	,		Date	August	2, 2010		